

SERFF Tracking Number:	UTCX-125937724	State:	Arkansas
First Filing Company:	Utica Mutual Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	WC AR10269CGF01		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	Workers Compensation/WC AR10269CGF01		

## Filing at a Glance

Companies: Utica Mutual Insurance Company, Graphic Arts Mutual Insurance Company	SERFF Tr Num: UTCX-125937724	State: Arkansas
Product Name: Workers Compensation	SERFF Status: Closed	State Tr Num: EFT \$50
TOI: 16.0 Workers Compensation	Co Tr Num: WC AR10269CGF01	State Status: Fees verified and received
Sub-TOI: 16.0004 Standard WC		
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler
	Author: SPI UticaNational	Disposition Date: 12/11/2008
	Date Submitted: 12/09/2008	Disposition Status: Approved
Effective Date Requested (New): 04/01/2009		Effective Date (New): 04/01/2009
Effective Date Requested (Renewal):		Effective Date (Renewal):
State Filing Description:		

## General Information

Project Name: Workers Compensation	Status of Filing in Domicile:
Project Number: WC AR10269CGF01	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 12/11/2008	
State Status Changed: 12/11/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

The attached Policy Amendment Form is currently approved for Commercial Multiple Lines. We would like to extend the use of this form to Workers Compensation. The form is used for automated policies to amend items on the Dec Page. It is attached to a revised Dec Page to explain to the insured that changes are being made to the policy.

## Company and Contact

### Filing Contact Information

SERFF Tracking Number: UTCX-125937724 State: Arkansas  
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Company Tracking Number: WC AR10269CGF01  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Workers Compensation  
Project Name/Number: Workers Compensation/WC AR10269CGF01

Tina Cirelli, Senior State Filings Coordinator tina.cirelli@uticanational.com  
180 Genesee Street (315) 734-2129 [Phone]  
New Hartford, NY 13413 (315) 734-2252[FAX]

**Filing Company Information**

Utica Mutual Insurance Company	CoCode: 25976	State of Domicile: New York
180 Genesee Street	Group Code: 201	Company Type:
New Hartford, NY 13413	Group Name: Utica National Insurance Group	State ID Number:
(315) 734-2000 ext. [Phone]	FEIN Number: 15-0476880	
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Graphic Arts Mutual Insurance Company	CoCode: 25984	State of Domicile: New York
180 Genesee Street	Group Code: 201	Company Type:
New Hartford, NY 13413	Group Name: Utica National Insurance Group	State ID Number:
(315) 734-2000 ext. [Phone]	FEIN Number: 13-5274760	
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Utica Mutual Insurance Company	\$50.00	12/09/2008	24413465
Graphic Arts Mutual Insurance Company	\$0.00	12/09/2008	

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Carol Stiffler	12/11/2008	12/11/2008

<i>SERFF Tracking Number:</i>	<i>UTCX-125937724</i>	<i>State:</i>	<i>Arkansas</i>
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## Disposition

Disposition Date: 12/11/2008  
Effective Date (New): 04/01/2009  
Effective Date (Renewal):  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

<b>Overall Percentage Rate Indicated For This Filing</b>	0.000%
<b>Overall Percentage Rate Impact For This Filing</b>	0.000%
<b>Effect of Rate Filing-Written Premium Change For This Program</b>	\$0
<b>Effect of Rate Filing - Number of Policyholders Affected</b>	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Policy Amendment Form	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Policy Amendment Form	8-E-1791	Ed. 06-1992	Endorsement/Amendment/Conditions	New	0.00	8-E-1791.PDF

POLICY NUMBER:

NAMED INSURED:

ADDRESS:

## **POLICY AMENDMENT**

This form changes the policy. Please read it carefully.

POLICY PERIOD: FROM                      TO

CHANGE IS EFFECTIVE:

**It is agreed that the policy is amended as follows:**

This form may be used ONLY to amend the following:

Limit(s) of Insurance	Policy Period	Drivers	Location/Vehicle	Experience Rating	Forms/Endorsements
Insured Name/Address	Premium Basis	Audit Period	Protection Class	Additional Insureds	Classifications/Symbols
Loss Payee/Mortgagee	Rates/Premium	Deductible(s)	Minimum Premium	Discretionary Rating	Form of Business/Business Description

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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Approved	12/11/2008
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### Comments:

### Attachments:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF  
AR - NAIC FORM FILING SCHEDULE.PDF


## Property &amp; Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

<b>3. Group Name</b>	Utica National Insurance Group				<b>Group NAIC #</b>	0201
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>		
Utica Mutual Insurance Company	NY	25976	15-0476880			
Graphic Arts Mutual Insurance Company	NY	25984	13-5274760			

<b>5. Company Tracking Number</b>	WC AR10269CGF01
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## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
Tina D. Cirelli 180 Genesee Street New Hartford NY 13413	Senior State Filings Coordinator	800-274-1914 Ext. 2129	315-734-2252	tina.cirelli@uticanational.com
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>	Tina D. Cirelli			

## Filing Information (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	16.0 Workers Compensation
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	16.0004 Standard WC
<b>11. State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing Title)</b>	Policy Amendment Form
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: 04/01/2009      Renewal: 04/01/2009
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	
<b>17. Reference Organization # &amp; Title</b>	
<b>18. Company's Date of Filing</b>	12/9/2008
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

**Property & Casualty Transmittal Document**

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	WC AR10269CGF01
<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

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<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p><b>Check #:</b> Sending Via EFT <b>Amount:</b> \$50.00</p> <p>\$50.00 filing fee sent Via EFT</p> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>	

\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**FORM FILING SCHEDULE**

(This form must be provided **ONLY** when making a filing that includes forms)  
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	WC AR10269CGF01
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	N/A
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<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Policy Amendment Form	8-E-1791 Ed. 06-1992	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		